"FEE ADDRESS" INDICATION FORM

Address to:
MAIL STOP M CORRESPONDENCE
Commissioner for Patents   - OR -
P.O. Box 1450
Alexandria, VA 22313-1450

Fax to:
571-273-6500

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) §403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☑ Customer Number: Computer Patent Annuities (CPA)

<div align="center">

00197

Customer Number

</div>

   OR

☐ The attached Request for Customer Number (PTO/SB/125) form

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/540,422

Completed by (check one):

☐ Applicant/Inventor

☑ Attorney or Agent of record   30,951
                              (Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73 (b) is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel _____ Frame _____

/Jennifer M. Hayes/ Reg. No. 40, 641
                              Signature

for Susan J. Mack
Typed or printed name

Requester's telephone number

September 4, 2009
                              Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.

☐ *Total of _____ forms are submitted.